


**Wisconsin Department of Agriculture,  
Trade and Consumer Protection**

Division of Animal Health  
PO Box 8911, Madison, WI 53708-8911  
Phone: 608-224-4872 Fax: 608-224-4871

**OFFICE USE ONLY**

Signature of approval by  
Designated Epidemiologist

Date Received	Amount Received	Check Number
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## VALIDATED BRUCELLOSIS-FREE HERD STATUS FOR SWINE

Issued under the provisions of section ATCP 10.29, Wis. Admin. Code and the Swine Brucellosis Uniform Methods and Rules.

This application is used to apply for Validated Brucellosis-Free herd status for swine. Herd validation status is acquired by subjecting all breeding swine over 6 months of age to an incremental complete herd test through testing 25% of breeding swine over 6 months of age every 80-105 days with negative results or by testing 10% of swine over 6 months of age every 25-35 days with negative results.

No swine may be tested twice in 1 year to comply with the 25% requirement nor twice in 10 months to comply with the 10% requirement. Validation is good for a maximum of 12 months. Continued testing must be done to maintain validation status.

**Every application for herd certification shall include a nonrefundable fee of \$50 for annual certification. A copy of all brucellosis test results must accompany this application.**

<b>Owner Information</b>				
Name of Legal Entity or Person that owns herd			Business Name (if different)	
First Name of Contact Person	Last Name of Contact Person		Phone number ( ) -	
Mailing Address	City	State	Zip Code	
<b>Herd Information</b>				
Address (if different than above)		City	State	Zip Code
County		Livestock Premises Code		
<b>Validation Method</b>				
Testing 25% of swine over 6 months of age every 80-105 days <input type="checkbox"/>		Testing 10% of swine over 6 months of age every 25-35 days <input type="checkbox"/>		
<b>Veterinary Information</b>				
Herd Veterinarian's Name		Herd Veterinary Clinic's Name		
Address of Veterinary Clinic		City	State	Zip Code
Veterinarian Phone Number ( ) -		Veterinary Clinic Phone Number (if different) ( ) -		
<b>Fee</b>				
<input type="checkbox"/> <b>\$50 Fee for annual certification</b>				
Please include with your application a check for \$50 payable to: WDATCP – Division of Animal Health and mail to PO Box 8911, Madison, WI 53708-8911.				
<b>Applicant Certification and Signature</b>				
I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Brucellosis Uniform Methods and Rules.				
Signature of Applicant			Date of Application	

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.